Name in Full: George Washington Adams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pittsman — County: Talbott

Date of death 1904: Month: March — Day: 30 — Age: Years: 52 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Caroline Co.

Married, ~~Single~~ or Widowed: Married — Occupation: Laborer

Name of Wife ~~or~~ Husband: Henrietta Adams

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Henrietta Adams — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lobar pneumonia — How long: 6 days

Immediate: Asthenia — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. K. Nelson

Address: Pittsman Md

Accident or Suicide? —

LIBRARY BUREAU A63516

Name in Full: Mary - Blackston

CERTIFICATE OF DEATH

MARYLAND

Died Town: near Trappe — County: Talbot Co

Date of death 190 4 — Month: 3 — Day: 13 — Age: Years 34 — Months — — Days —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: Black - — Birthplace: Talbot Co, Md -

Married, Single or Widowed: Married. — Occupation: Housewife.

Name of ~~Wife or~~ Husband: John Blackston

Father's Name: Charles. Forden — Father's Birthplace: Talbot Co, Md

Mother's Maiden Name: Isabella Briscoe — Mother's Birthplace: " " "

Name of person giving In formation: Nicholas Briscoe — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dementia — How long: 3 years -

~~Intermediate~~: Hemiplegia — How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md

Accident or Suicide?

LIBRARY BUREAU A99516

Name in Full Chas. D. Cannon

Certificate of Death

Died at Town Easton — County Talbot MARYLAND

Date 1907 Month Mch Day 16 | Age Y. 68 M. 10 D. 16 | Native of U.S.A. | Occupation Boarding House Keeper

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 9.

~~Wife~~ Husband of Mrs. E. Emma Cannon

Father's Name Tuston P. Cannon Mother's Maiden Name Eliza Davis.

Cause of Death { Primary Acute Nephritis | How long sick 6 wks

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Chas. F. Davidson

Address Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7600

Name in Full Emily Thomas Chaplain

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Easton — County: Talbot

Date of death 1904 Month: March Day: 18th

Age: Years 66 Months One Days 4

Sex: Female Color or Race: White Birthplace:

Occupation: Housewife Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Husband: Alexander Chaplain

Father's Name: Algernon Thomas Father's Birthplace: Dorchester Co Md

Mother's Maiden Name: Deborah Shannahan Mother's Birthplace: Dorchester Co Md

Name of person giving Imformation: Alexander Chaplain How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism How long: Several years

Immediate: Bulbar Paralysis & Exhaustion How long: 4 Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jelcius A Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Robert Colston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot.

Date of death 1904: Month: March; Day: 18th

Age: Years: 74; Months: 11; Days:

Sex: Male; Color or Race: Colored.; Birthplace: Savannah Ga.

Married, Single or Widowed: Married.; Occupation: Laborer.

Name of Wife or Husband: Josephine Colston.

Father's Name: Doesn't Know; Father's Birthplace: Not Known

Mother's Maiden Name: Doesn't Know; Mother's Birthplace: Not Known

Name of person giving Information: Harris Colston.; How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: One Week.

Immediate: Cardiac Asthenia; How long: 12 hrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Philip Lee Travers.

Address: Easton. Md.

Accident or Suicide?

LIBRARY BUREAU A99318

Name in Full: Mary Augusta Davidson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Queen Anne. County: Talbot

Date of death 1904: Month: March Day: 6

Age: Years: 49 Months: 9 Days: 23

Sex: Female Color or Race: White Birthplace: Talbot Co Md.

Married, Single or Widowed: Married Occupation: Housewife.

Name of Wife or Husband: John Davidson

Father's Name: Medford Jump. Father's Birthplace: Maryland

Mother's Maiden Name: Mary Augusta Morgan Mother's Birthplace: Maryland.

Name of person giving information: John Davidson How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dilatation of Heart How long: Several Years.

Immediate: Neuralgia of Heart How long: One week.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. F. Miller M.D.

Address: Kilboro Md.

Accident or Suicide?

LIBRARY BUREAU A6B316

Name in Full

Certificate of Death

Samuel Edgar Delehay

Died at (Town) Trappe (County) Talbot MARYLAND

Date 1924 Month Mch. Day 26 | Age Y. 12 M. 6 D. 10 | Native of Md. | Occupation School

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~ | Number of children living

Husband of Wife

Father's Name George Delehay | Mother's Maiden Name Helen Dixon

Cause of Death: Primary Appendicitis | How long sick 4 days

Immediate Peritonitis | ~~Accident, Suicide, Homicide~~

Reported by Mrs S. Seymour

Address Trappe Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Wm H Ehrhardt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near McDaniel; County: Talbot

Date of death: Month: Jan; Day: 6th; 1904; Age: Years: 34; Months: 4; Days: 24

Sex: Male; Color or Race: White; Birthplace: Elkridge Ho Co

Occupation: Oyster Packer; Where Residing if not at place of death: Blairsville

Married, Single or Widowed: married; Name of Wife or Husband: Louisa P Ehrhardt

Father's Name: John T Ehrhardt; Father's Birthplace: Germany

Mother's Maiden Name: not known; Mother's Birthplace: Germany

Name of person giving Imformation: Louisa P Ehrhardt; How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Locomotor ataxia; How long: 1 year

Immediate: Apoplexy; How long: one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Blascock

Address: St Michaels Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Charles Gardner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Easton — County: Talbot

Date of death: Month: 3 — Day: 5th — Years: Age 66 — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Talbot Co Md

Occupation: Drayman — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or ~~Husband~~: Ellen A. Gardner

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Wm. G. Gardner — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fistula in ano — How long: about 1 yr

Immediate: Exhaustion — How long: Four or five days

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Julius A. Johnson

Address: Easton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88816

Name in Full Samuel Gibbs

Certificate of Death

Died at Town Easton County Talbot MARYLAND

Date 1904 Month March Day 11 | Age Y. 85 M. ? D. ? | Native of U. S. A. | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living None

Husband of Wife —

Father's Name Samuel Gibbs | Mother's Maiden Name -?

Cause of Death: Primary Infirmities of age

Immediate Exhaustion

How long sick

~~Accident, Suicide, Homicide~~

Reported by Chas. F. Davidson.

Address Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Frederick Helfrich

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near (Town) Trappe (County) Talbot

Date of death 1904 — Month: 3 — Day: 8 — Age: Years: 85 — Months: 10 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Holland

Married, Single or Widowed: Widower — Occupation: ——

Name of Wife ~~or Husband~~: Jabobe P. Hamstra

Father's Name: Durk Helfrich — Father's Birthplace: Holland

Mother's Maiden Name: Do not know — Mother's Birthplace: Holland

Name of person giving In formation: William Helfrich. — How related to deceased: grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: Don't know

Immediate: Oedema of Lungs — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co. Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full — Certificate of Death

Sarah Elizabeth Hull

Died at Town: Easton — County: Talbot — MARYLAND

Date 1904 Month: March Day: 17 | Age Y.: 70 M.: 6 D.: 4 | Native of: Md | Occupation: Lady

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~

Number of children living: 8

Husband / Wife of: Samuel Hull

Father's Name: Samuel Dennis — Mother's Maiden Name: Mary Bailey

Cause of Death — Primary: old age & fracture of femur — How long sick: 7 months

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by: E. R. Tuttle M.D.

Address: Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Isabella P. Kemp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Easton — County: Talbot

Date of death: Month: March. Day: 27th. 1904 — Age: Years: 79 Months: 10 Days:

Sex: Female — Color or Race: White — Birthplace: Talbot Co. Md.

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Robert Kemp — Father's Birthplace:

Mother's Maiden Name: Sarah Powell — Mother's Birthplace:

Name of person giving Imformation: Wm H. Kemp — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis, complicated with cardiac trouble — How long: 5 yrs.

Immediate: Exhaustion from Paralysis — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU ABBOTS

Name in Full: Emma J. Kirby — Emma J. Kirby

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St. Michaels — County: Talbot

Date of death 1904 — Month: March — Day: 18th — Years: Age 31 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Married, ~~Single~~ or Widowed: Widow — Occupation: Housewife

Name of ~~Wife~~ Husband: Jas. Elsbury Kirby

Father's Name: Thomas Booker — Father's Birthplace: Baltimore

Mother's Maiden Name: Mary Louisa Hales — Mother's Birthplace: St. Michaels

Name of person giving information: George B. McCWales — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Laryngitis — How long: Three months

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Robt A Dodson

Address: St. Michaels Md.

Accident or Suicide?

LIBRARY BUREAU A95516

Name in Full: Kan L. Lambdin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Michaels; County: Talbot

Date of death	Month	Day	Years	Months	Days
1904	March	29	Age 57	—	—

Sex: Male | Color or Race: White | Birthplace: St Michaels Md

Occupation: Waterman | Where Residing if not at place of death:

Married, Single or Widowed | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thos. H. W. Lambdin | Father's Birthplace:

Mother's Maiden Name: Unknown | Mother's Birthplace:

Name of person giving Imformation: Undertaker | How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: | How long:

Immediate: Pleuro Pneumonia | How long: Eight days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: R. A. Dodson

Address: St Michaels Md

Accident or Suicide?

LIBRARY BUREAU AUSSIG

Name in Full: Anthony Lane

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Matthews — County: Talbot

Date of death 1904: Month: March — Day: 18 — Years: Age 70 4 80 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Talbot Co

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemiplegia — How long: 1½ years

Immediate: Diarrhea — How long: One week

PHYSICIAN OR CORONER

Are the name, age, sex, color. date end place correctly given above? yes

Signature of Physician: E. M. Stelle M. D.

Address: Cordova Md

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: John T. Mansfield

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St Michaels; County: Talbot

Date of death 1904: Month: Mar; Day: 12; Age: Years: 81; Months: 9; Days:

Sex: Male; Color or Race: White; Birthplace: St Michaels

Married, ~~Single or Widowed~~: Married; Occupation: Oysterman

Name of Wife or ~~Husband~~: Sarah Meconnan-Mansfield

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation: Joseph Mansfield

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cipolectry

How long: one day

Immediate: Heart failure

How long: — —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J C W. Davis

Address: St Michaels Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Baby Nicols

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Queen Anne; County: Talbot

Date of death 1904: Month: 3; Day: 17

Age: Years: —; Months: —; Days: 30 days

Sex: Male; Color or Race: Colored; Birthplace: Queen Anne

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jones E. Nicols; Father's Birthplace: Md.

Mother's Maiden Name: Lottie Nicols; Mother's Birthplace: Md.

Name of person giving information: Jones E. Nicols; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Umbilical Hemorrhage; How long: —

Immediate: Due to improper ligation of cord; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Bobby Hock M.D.

Address: Queen Anne Md.

Accident or Suicide?

LIBRARY BUREAU A33510

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Easton — County: Talbot

Date of death 1904 — Month: Mar — Day: 16

Age — Years: x — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Easton

Married, Single or Widowed: / —

Occupation:

Name of Wife or Husband: Henry Bane

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Agnes Blake S.

Mother's Birthplace: Easton

Name of person giving Information: Charles Green

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Dr

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88816

Name In Full

Henry Harrison Price

Certificate of Death

No Records

Died at Town: Near Easton County: Talbot MARYLAND

Date 1904 Month: 3. Day: 7th. | Age Y. 73 M. 3. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widower~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Mary Ann Meads

Father's Name Ezekiel Price

Mother's Name Mary Price

Cause of Death: Primary Tabular disease of Heart

How long sick 1 year

Death: Immediate Exhaustion

~~Accident Suicide Homicide~~

Reported by Julius A. Johnson

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Mrs Elizabeth Rathell

Died at Town: Easton County: Talbot MARYLAND

Date 1904 Month: March Day: 2 | Age Y. 61 M. 2 D. 7 | Native of U.S.A. | Occupation Lady

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of James B. Rathell

Father's Name Jonathan Davis | Mother's Maiden Name Elizabeth

Cause of Death: Primary Grip. Congestion of both lungs | How long sick 2 days with Grip. 7 days with Congestion of lungs

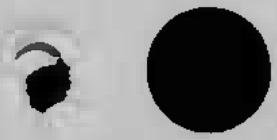
Immediate Hemorrhage from Lungs | ~~Accident, Suicide, Homicide~~

Reported by Chas. F. Davidson

Address Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU



Name in Full: Sarah C. Robinson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Royal Oak — County: Talbot County

Date of death 1904: Month: March — Day: 8 — Age: Years: ~~72~~ 71 — Months: 9 — Days:

Sex: Woman — Color or Race: White — Birthplace: Kent County

Married, Single or Widowed: Married — Occupation: Domestic

Name of Wife or Husband: Jos. A. Robinson

Father's Name: Nathaniel C Leggins — Father's Birthplace: Kent County

Mother's Maiden Name: Crane — Mother's Birthplace: " "

Name of person giving information: Jos. A. Robinson — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Two weeks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml C Tripp

Address: Royal Oak Md

Accident or Suicide? —

LIBRARY BUREAU A88518

Name in Full: Hanford L Sarles

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford — County: Talbot

Date of death 1904: Month: 3 — Day: 26 — Age: Years: 63 — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Westchester Co NY

Occupation: Blacksmith — Where Residing if not at place of death: Oxford Md

Married, Single or Widowed — Name of Wife or Husband: Martha

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benj F Sarles — Father's Birthplace: —

Mother's Maiden Name: Dorcas Nash — Mother's Birthplace: —

Name of person giving Information: Benj Sarles — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleuro-Pneumonia — How long:

Immediate: Heart-Failure — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. P. Roberts

Address: Oxford Maryland

Accident or Suicide?

LIBRARY BUREAU A83518

Name In Full

Certificate of Death

William E Sewell

Died at Town: St Michaels County: Talbot MARYLAND

Date 19 04 | Month: 3 Day: 11 | Age: Y. 17 M. 2 D. 14 | Native of: Md | Occupation: 0

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | Divorced | Number of children living

Husband of Wife

Father's Name: Wm Sewell | Mother's Maiden Name: Annie Sewell

Cause of Death: Primary: Pulmonary Tuberculosis | How long sick: 5 months

Immediate: Lung Failure | Accident, Suicide, Homicide

Reported by: J. C. Wenderoth M.D.

Address: St Michaels Md

Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name in Full: Russell Sherwood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Miles River neck — County: Talbot

Date of death 1907	Month	Day	Age: Years	Months	Days
	March	10	1	2	

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: Black — Occupation: — Birthplace: Miles River Neck

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Lawson Sherwood — Father's Birthplace: Miles river neck

Mother's Maiden Name: Bessie Johnson — Mother's Birthplace: Oxonville

Name of person giving information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething — How long: 3

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Dr

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full

Certificate of Death

Simon Sipe

Died at Town Emmitsburg County Frederick MARYLAND

Date 1941 Month March Day 26 | Age Y. 75 M. D. | Native of Md | Occupation Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 0

Husband of —

Wife

Father's Name John Sipe

Mother's Maiden Name Mary

Cause of Death: Primary Rheumatism — How long sick

Immediate Ruptured Coronary Artery — Accident, Suicide, Homicide

Reported by E. B. Eyster

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Thomas Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford — County: Talbot

Date of death 1904: Month: March — Day: 6

Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Unknown

Married, Single or Widowed: Unknown — Occupation: Sailor

Name of Wife or Husband: --

Father's Name: -- — Father's Birthplace: Unknown

Mother's Maiden Name: -- — Mother's Birthplace: --

Name of person giving information: Coroner — How related to deceased: --

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Accidental drowning — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. A. Stevens

Address: Oxford

Accident ~~or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full

James Garfield Seals

Certificate of Death

Died at Town: Chapel District County: Jacob MARYLAND

Date 1964 Month: Mar Day: 28 | Age Y.: 21 M.: 1 D.: 21 | Native of: Queen Anne | Occupation: Farmhand

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / Number of ~~children~~ living

Husband / Wife of

Father's Name: Stephen Hy Seals | Mother's Maiden Name: Georgiana Simpson

Cause of Death:

Primary: Pneumonia, Pleural Effusion — How long sick: 3 mos

~~Immediate~~: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by: J S Garrison M D

Address: Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 79898

Name In Full Lena Turbitt

Certificate of Death

144

Died at Town Easton County Talbot MARYLAND

Date 1904 Month Mch Day 12 | Age Y. About 50 yrs M. D. | Native of U. S. A. | Occupation Cooking

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4 5

~~Husband~~ Wife of Wm Turbitt

Father's Name ? Mother's Maiden Name ?

Cause of Death: Primary Tuberculosis — How long sick 1 yr.

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Chas. F. Davidson

Address Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70033

Name in Full: Debbie Viney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Tunis Mills — County: Talbot

Date of death 1904: Month: Mar — Day: 27

Age: Years: 18 — Months: 2 — Days: 27

Sex: Female — Color or Race: Black — Birthplace: Miles river Mach

Married, Single or Widowed: Single — Occupation: Chambermaid

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Viney — Father's Birthplace: Miles river Mach

Mother's Maiden Name: Mary Thomas — Mother's Birthplace: Miles river Mach

Name of person giving Information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 4 Months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician

Address:

Accident or Suicide?

LIBRARY BUREAU A6551G

Name in Full: Robert Thomas Williams

22 [illegible]

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: Month: May; Day: 21; Years: 1904; Age: Months: 4; Days: ~

Sex: Male; Color or Race: Black; Birthplace: Easton

Occupation: ~; Where Residing if not at place of death: ~

Married, Single or Widowed: ~; Name of Wife or Husband: ~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert Redmond; Father's Birthplace: Md

Mother's Maiden Name: Josephine Key; Mother's Birthplace: Md

Name of person giving Imformation: Josephine Williams; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 3 mos

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Easton Md

Accident or Suicide?:

LIBRARY BUREAU A88516

Name in Full: Annie May Woolford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eastern — County: Talbot

Date of death: Month: May — Day: 23 — 1904

Age: Years: — Months: 2 — Days: 28

Sex: Female — Color or Race: Black — Birthplace: Eastern

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Alexander Smith — Father's Birthplace: Md

Mother's Maiden Name: Annie Robinson — Mother's Birthplace: Delaware

Name of person giving Imformation: Annie Woolford — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemoptisis — How long: 4 days

Immediate: Convulsions — How long: 2 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Meredith

Address: Eastern

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: Joseph D Wingard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford Neck; County: Talbot

Date of death 1904: Month: March; Day: 10

Age: Years: Sixty One; Months: 1; Days: 20

Sex: Male

Color or Race: White

Birthplace: Canton Ohio

Married, Single or Widowed: married

Occupation: Farmer

Name of Wife or Husband: Sallie Wingard

Father's Name: Joseph Wingard

Father's Birthplace: Chambersburg Pa

Mother's Maiden Name: Mary Kauffman

Mother's Birthplace: Johnstown Pa

Name of person giving Information: Geo Wingard

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy of the Heart-

How long: Six years

Immediate: Acute Indigestion

How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Stevens M.D.

Address: Oxford Md.

Accident or Suicide? No

LIBRARY BUREAU A6851G

Name in Full: Margaret Zeigler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Langenus — County: Talbot

Date of death: Month: October — Day: 26th — Years: 72 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Husband: Henry Zeigler

Father's Name: Moulligen — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Henry Zeigler — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetis Mellitus — How long: 6 years

Immediate: Bronchi-Pneumonia + Exhaustion — How long: 2 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88516